DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AURORA RES ALTERNATIVES INC 054 (0008823) Address: 11133 16TH PLACE, BLACK RIVER FALLS, WI 54615

License Status: REGULAR

Licensed/Certified/Registered 09/23/1999

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096766 End Date: 03/28/2006 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091842 End Date: 01/08/2004 Type: ABBREVIATED Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Statement of Deficiency: #10006355 Served 01/21/2004

<u>Compliance</u>

Deficiencies Cited
88.05(3)(a)Subject AreaVerified
Od/01/2004Corrected
Yes